DOCUMENT RESUME

ED 026 770 EC 003 040

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[Development of an Occupational Training Center for the Mentally Retarded.] Final Project Report.

Worcester Area Occupational Training Center for the Mentally Retarded, Mass.
Spons Agency-Vocational Rehabilitation Administration (DHEW), Washington, D.C.
Report No-P-977-D
Pub Date 30 Jun 66
Grant-VRA-AG-977
Note-89p.
EDRS Price MF-$0.50 HC-$4.55
Descriptors-Adjustment (to Environment), *Community Programs, Educable Mentally Handicapped, Employee Attitudes, Employer Employee Relationship, *Exceptional Child Research, *Mentally Handicapped, Multiply Handicapped, Prediction, *Program Planning, Sheltered Workshops, Trainable Mentally Handicapped, Vocational Followup, *Vocational Rehabilitation

The Occupational Training Center prepared mentally retarded young adults (over age 15, IQ range 30 to 70, average IQ 55) who were beyond regular schooling for competitive employment. The training program consisted of 60 to 90 mentally and multiply handicapped students per year (35 at a time) and used subcontracts from local businesses. The retardate's initiative or ambition was found to be the most important factor for predicting future job success and the most important person to work with to insure permanency after job placement was the shop foreman. Followup indicated that over 100 who were employed in a 4-year span have been working from 30 days to 3 years and earn $1.25 to $2.75 per hour, a permanent employment rate of 50%. Aspects of the Comprehensive Care Center are described: the Occupational Training Center, a nursery for public school preparation, a day care program, a prolonged employment shop, and social development and recreational programs for all groups. Guidelines for administrative planning and duties are included. (SN)

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FINAL PROJECT REPORT

May 1, 1962 - June 30, 1966

Project No. 977-D

Worcester Area Occupational Training

Center for the Mentally Retarded

162 Chandler Street

Worcester, Massachusetts

EC 003 040

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Worcester Area Occupational Training Center for the Mentally Retarded

162 Chandler Street

Worcester, Massachusetts

(A program of The Worcester Area Association For Retarded Children, Inc.)

This investigation was supported in part, by administration grant, number 977, from the Vocational Rehabilitation Administration, Department of Health, Education, and Welfare, Washington, D.C.

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Chapter I

INTRODUCTION

The Worcester Area Occupational Training Center began its development towards a truly operating evaluation and training facility with the hiring of a professional employee in June, 1961. Up to this point The Worcester Area Association for Retarded Children had directed their activities toward fund raising and towards the development of programs for the school age retarded youngster. Having successfully led the area in the development of such programs the parents who represented the local A.R.C. saw a definite need for programming beyond the school age level. With the need for such programming firmly established a committee investigated the possibilities of a continuous program involving the public schools and private resources. Thus in June, 1961 a person was hired with the responsibility for the development of a work evaluation and training program for mentally retarded youngsters who had exhausted all public schooling they were entitled to receive, and who after completing such training were still unable to successfully compete in the open labor market.

A brief and rather cursory survey of the area indicated a great need for such a program and upon this base did plans begin to develop. As with any program, finances were of

primary concern. The initial amount of financial support available dictated the type of program which could initially be established and also the direction an expanded program should follow. The initial developmental steps began with the opening of a small program with a church basement location. In looking back on this phase of the development the first reaction would be that it was a poor program and in many ways a failure. However, in analyzing this phase of the development of the Occupational Training Center it becomes apparent that it was conceivably the most important part of the program. It marked the first tangible step in what prior to this time had been merely a wishful dream. It also marked the local A.R.C.'s commitment to such a program. This commitment, if not made at the time, could conceivably have resulted in prolonging the development of a training center to a point where it might still be in the talking stages.

The initial program also resulted in a perfect laboratory for the development of sound ideas and directions that would form the basis of the future expanded program. As mentioned before the preliminary survey for the need to establish a program beyond that offered by the public schools was a rather cursory one. The initial program through its intake requests resulted in a rather complete survey of needs and type of program necessary

to take care of these needs. The vast number of clients applying who we were unable to service due to the limitations of the program provided us with rather concrete and practical material to aid in the planning of the future program.

The information gathered immediately indicated the need for a much larger and expanded program if we were even to begin to meet the needs of the area we were meant to serve. Any expansion would necessitate the expenditure of additional funds which at the time were not available locally. It was at this point that discussions with the Massachusetts Rehabilitation Commission and Vocational Rehabilitation Administration were initiated and a grant proposal was written for aid in developing the expansion. In a sense it couldn't be classified as expansion, for all practical purposes no meaningful program was in existence. The grant request was approved and the present program came into existence on May 1, 1962 and accepted its first client in July, 1962. The value of this grant cannot be adequately estimated at this time, but based upon the experiences of others it would be safe to assume that it increased our client serving potential three to four fold. Whereas, we initially served but twelve to fifteen trainees per year, we were able to increase to a point where we could serve between sixty and ninety clients per year on a daily attendance basis.

The initial grant award as beneficial as it proved to be also brought with it increased responsibility on the part of the local A.R.C. Since the award was made for the purpose of program initiation and had a definite cut-off date prescribed, it became an immediate concern of the local program to develop community wide support of a lasting nature for this type of endeavor. It was reasoned that the best way to develop such support was by developing a program that would become a necessary part of the community. In other words, the program was developed along sound business principles. Keeping in mind the fact that if the service provided was the best available the community would avail itself of these services. Therefore, community support as visualized by the local program, could best be developed by providing a program that was the best available. This support was sought by action and implementation rather than through verbalizations and promises of intended results. Although a training center such as ours is not primarily a business, sound business practices can still be used to develop it into a much needed commodity within the community.

The community as a whole has accepted the program and four years of developmental work now appear to have resulted in an indefinite assurance of continuation of the project through local and state funds. Perhaps the biggest single source of funds that will enable us to continue are those received from the Massachusetts Department of Mental Health. Since they are

important and necessary to the total operation, perhaps a brief explanation of this agency's involvement would prove helpful at this point.

Approximately three years ago the state legislature established in the city of Worcester a pilot comprehensive program for the retarded. Although located in Worcester the program serves those persons residing within a twenty-five mile radius. The effect of this legislation was to consolidate all programs for retarded persons, other than public school programs, under a joint partnership of the Department of Mental Health and the Worcester Area Association for Retarded Children, Inc. The local A.R.C. became the operating body of programs ranging from pre-school nursery clinics to sheltered workshop programming to day care programs for the extremely severely retarded.

The overall program was entitled The Comprehensive Care Center for the Mentally Retarded. The Occupational Training Center then became a part of this overall program and because of additional staffing and space which became available, allowed for the beginning of an Extended Employment Workshop on a modest scale. The net result at this writing as far as occupational training procedures are concerned, is the existence of a transitional and terminal type of facility to serve the

adolescent mentally retarded. These two aspects of the program will be further highlighted in the section of this report entitled under the PROJECT PROGRAM.

PURPOSE OF THE PROJECT:

The Worcester Area Occupational Training Center for the Mentally Retarded was initiated in May, 1962, as an attempt to develop a work training center to serve the needs of the mentally retarded in the city of Worcester and twenty-four surrounding towns. Prior to this time there were no facilities available to provide occupational evaluation and/or training for the mentally retarded adolescent in the immediate area. Along with providing an occupational training facility, we also hoped to inform and demonstrate to the public in general that the mentally retarded were capable of becoming useful and productive citizens.

The objectives of the program as stated in our initial application for a grant are as follow:

A. Objectives:

1. To undertake evaluation and training of an individual's abilities, desires, and attitudes.
2. To determine and prepare an individual for a realistic occupational objective.
3. To extend (supplement) existing public school facilities for the training of the mentally retarded.

4. To demonstrate to the community the feasibility of an occupational training program for the mentally retarded.
5. To provide a training situation, intended to nurture interest and provide practical experience for professional workers in the areas of vocational rehabilitation.

The purpose of our project, as originally proposed, is basically two-fold. The Occupational Training Center was conceived as a program which would train the mentally retarded adolescent with little or no previous occupational training or experience for future competitive employment in the open labor market. It was realized that in some instances, due to physical and/or mentally limiting factors, the above approach would not prove feasible. In such cases, the Occupational Training Center will train those individuals with only limited abilities for a limited goal of extended sheltered workshop employment.

The need of extended sheltered workshop facilities has been apparent since the beginning of our present project. To this end, we have been working toward the establishment of such a facility to complement the main purpose of our program which is training the mentally retarded individual for competitive employment. Last year such a facility began operating separately from this project, but cooperatively with it.

Although the vocational rehabilitation of mentally retarded young adults is our primary concern, we feel our secondary concern is equally as important. At the same time we initiated planning for our project, the lack of qualified personnel to staff such a venture became very evident. Therefore, as a secondary goal of our Training Center, we hoped to provide an observation and training situation for area teachers, students, and other interested persons.

A brief discussion of our objectives in terms of results achieved can perhaps be of some assistance to the reader in understanding the program.

Our first objective was, "to undertake evaluation and training of an individual's abilities, desires, and attitudes". To this end we have developed the Training Center around "work" as the central theme. Thus, the evaluation consists of testing and observed work performance in a simulated work environment. It is our strong feeling that no evaluation can be complete without both objective testing and observed work performance. All too often have we seen a person "test" poorly, but perform well enough to reach a competitive employment level.

Another important aspect of the work atmosphere is that it sets the tone for the training program. That is, it emphasizes the change from academic or school environment, with which most trainees are familiar, to that of a highly competitive and productive situation.

Our second objective was "to determine and prepare an individual for a realistic occupational objective". This objective has been accomplished in a number of ways. Prior to the Training Center, no facility of this type was available to the adolescent retarded. Thus, placements were made in a haphazard manner, resulting in job failures and subsequent employer reluctance to hire or even consider hiring mentally retarded persons.

The Training Center now provides a facility to determine abilities of the retarded and in turn channel these abilities toward an area where maximum use can be made of them. This is of considerable benefit, not only to the individual, but to all retarded individuals in the community, as a place for the retarded in competitive employment is concretely established.

A secondary, but as important, product of this objective is the formation of other programming. Many individuals have been uncovered in the community who cannot profit by occupational training, or can only profit in a limited way. This has led to the establishment of a day care program of social recreational activities for post-school age individuals, along with an extended employment shop.

Our third objective as originally stated was, "to extend or supplement existing public school facilities for the training of the mentally retarded". This objective has been realized to a great extent, as can be attested to by increased referrals from both the

local school system as well as those of neighboring towns. Increased contacts have also led joint thinking and planning of school programs geared to the occupational needs of the mentally retarded.

Our fourth objective was that of, "demonstrating to the community the feasibility of an occupational training program for the mentally retarded. Success or achievement of this objective is evident in the increased interest and use of the program. In economic terms, the total of approximately one hundred individuals who are currently working on a full time basis, represents a considerable saving to the community in potential welfare costs.

Another important demonstration aspect of the total program is that of determining the need for other types of programs. Prior to the Training Center, programs were initiated merely for the sake of programming. Our experiences with the adolescent retarded individual now form the basis for demonstrating to the community actual needs. Two of these have been mentioned previously in this section.

Our fifth objective, that of, "providing a training situation for professional workers in the area of vocational rehabilitation", has also been accomplished to a great extent. These facilities have been utilized for testing, interviewing, observation, and practice teaching by numerous persons.

The individuals using the program for training purposes represent child guidance clinics, such as the Worcester and Cambridge Youth Guidance Centers, Clark University, Worcester State College, and Fitchburg State College.

The program, as initially proposed, was designed to prepare mentally retarded individuals for competitive employment. This has been accomplished to a great extent by the fact that approximately one hundred persons have been placed into competitive employment situations since the program began.

Our secondary goal of providing long term extended sheltered workshop employment was met in September, 1965. At this time a renovated facility became available for this phase of our overall program. The extended employment workshop is a cooperative venture between the Worcester Area Association for Retarded Children and the Massachusetts Department of Mental Health.

THE SETTING:

The Occupational Training Center, as mentioned in an earlier section of this report, had its beginning in a church basement location. The grant allowed the Center to more spacious and useable quarters. The quarters presently occupied are rented from the City of Worcester and consist of a building once used as the out-patient clinic of the Worcester City Hospital. Some renovating was necessary but consisted mainly of adding additional lighting, painting, and the removal of walls.

The building is located about one mile from the center of the city and is readily accessible by bus. The location is excellent in that clients attending the Center from as far away as twenty-five miles have little difficulty arranging for public transportation to and from the city on a daily basis.

The building is briefly mentioned at this time to illustrate both positive and negative aspects of it, in hopes that perhaps these aspects might be helpful to a reader contemplating a similar program or the move of an existing one. Thus, a brief resume of the positive and negative aspects are included.

On the positive side the building location is perhaps most important. It is easily accessible by bus from any section of the city. However, in order to reach the building at least one transfer of bus is necessary to the scheduling of transportation that exists. This transfer thus provides additional training opportunities regarding transportation and better prepares the individual to accept such changes which will most probably occur when time for job placement arrives. Not only is the location accessible to city people, but it is almost as easily accessible to those traveling from out of town. We accept clients from roughly a twenty-five mile radius and our experiences over the past four years have indicated little or no problems regarding transportation. This availability of public transportation is also extremely helpful when job placement is considered. Only in a relatively few instances has transportation become a major concern when considering placement opportunities.

The negative aspects of the building are perhaps more important to the reader as they illustrate problems that have manifested themselves and could perhaps be avoided. The location although ideal for the client to reach leaves a little to be desired. Our experiences would indicate that a program of this type would perhaps be better if it were located in a more industrialized location. Since we are training people for work, the location should reflect an association with the world of work. The present building is in an area of a commercial nature rather than industrial which would probably represent our second choice in any list of building location criteria.

The building itself is not suitable to sub-contract work which forms the basis for the majority of our training. Although alterations have been made that have materially improved these conditions there are still many drawbacks.

Our experiences indicate a definite need for a building that is constructed on one level and that has a minimum of supporting columns and walls. Since our work load is rather diversified in nature to provide as many training and work experiences as possible, the alignment of tables, chairs, and work stations are constantly subject to change. Thus, a rather wide open floor with perhaps movable partitions would be the ideal type of floor plan.

The existence of storage facilities are also of paramount importance. These facilities should be as close to the work

stations as possible but located so that movement of goods to and from these areas will not impede work being carried on. It also might be helpful to point out that our experiences have indicated that it is usually difficult to overestimate on storage requirements, but very easy to underestimate. This fact would seem to hold true not only in workshops, but in the majority of industries known to us.

The loading facilities of our present location are totally inadequate and for only one rather subtle reason. On the surface they appear to be relatively adequate but in actuality due to one rather sharp turn we are unable to load or unload from tractor-trailer type of vehicles. Due to the great amount of shipping done by this type of vehicle our materials handling program becomes rather inefficient. Therefore, a loading bay which is accessible to all types of commercial vehicles is a necessity to a workshop if the flow of goods is to be maintained in an orderly fashion.

Although there are many other factors about the building location and condition that could be elaborated on at this time, the above mentioned seem to us to be the most important. The most important perhaps because they are the factors most likely to be neglected in planning. It seems that office space, type of flooring, heating plan, lighting plan, etc., are usually planned relatively adequately. The subtle and not so subtle production area requirements are usually thought of last. In summary, a one

story location, with suitable loading facilities, having movable or no partitions in the work area, and having a minimum of five thousand square feet would be the primary basic requirements for a program having thirty-five clients as a daily enrollment. This, of course, is assuming that work is utilized as the basic training tool.

THE STAFF:

The staff of the Occupational Training Center has remained basically the same throughout the entire grant period. Additional training supervisors have been hired but the basic alignment of duties have remained stable. Due to this the operating procedures and staff duties will be included in this section. It is hoped that they might be helpful to the reader in forming the base for preparing an overall policy governing the daily operations of a workshop. The staff functions as listed have proved successful at this Center and with changes could conceivably be adapted to most situations.

I. GENERAL CONSIDERATIONS

A. STAFF

1. The Staff of the Occupational Training Center shall consist of the director, project coordinator, girls' training supervisor, boys' training supervisor, a social worker and a secretary-bookkeeper.

2. In addition to paid staff members, the Occupational Training Center may utilize such volunteer force as shall be deemed beneficial for the program, and if circumstances warrant, create such positions for internship of students as would be consistent with an effective administration of the program.

B. EMPLOYMENT

All employees of the OTC will maintain their positions as directed by the Project Coordinator and the OTC Governing Board. Persons seeking employment with the OTC should write to:

Project Coordinator
Occupational Training Center
162 Chandler Street
Worcester, Massachusetts

1. State position desired
2. State qualifications and experience
3. State academic background
4. State references

All personnel are directly responsible to the Project Coordinator to adherence to particular assignments of each position. All professional personnel are to be interviewed by the Project Coordinator and the Project

Director and employed with the approval of the Governing Board. Non-professional personnel are to be interviewed and employed by the OTC Project Director and Project Coordinator. All appointments are on a three months trial basis.

C. VOLUNTEERS

Volunteers wishing to devote specified amounts of time to the OTC will be considered after an interview by the Project Director and Project Coordinator. Volunteer appointments will usually be in the areas of clerical assistance, supervisory duties and the teaching of academic materials.

D. DISMISSALS

All OTC personnel are responsible for their performance of duties to the Occupational Training Center and Project Coordinator. Professional persons not meeting their responsibilities are subject to review by the OTC Governing Board and subsequent dismissal. Non-professional personnel may be dismissed from service by the Project Coordinator.

E. SALARIES AND WAGES

Salaries of professional and non-professional personnel of the Occupational Training Center are determined by the OTC Governing Board. Each position is provided a salary

schedule. Arrangements and questions regarding salaries are to be directed to the Project Coordinator only.

F. HOURS

All personnel are required to observe the work hours of the Occupational Training Center which are as follow:

1. Training supervisors: 8:30 a.m. through 4p.m. (45 min. lunch)

2. Clerical personnel: 8:30 a.m. through 5p.m. (1 hr. lunch)

3. Social worker: 15 hours per week as required

Ten minutes is allowed for a coffee break in the morning and ten minutes in the afternoon. Scheduling of these breaks will be dependent upon activities being carried on.

Any change of scheduling or leave of absence must be confirmed by the Project Coordinator with the approval of the OTC Governing Board.

G. ABSENCES

All absences must be endorsed by the Project Coordinator and unexcused absences are subject to review by the OTC Governing Board. An absence will be defined as non-appearance at the Occupational Training Center to perform one's duties. Unexcused absences and excessive absences will result in loss of pay and/or dismissal depending upon the nature.

H. VACATIONS

Personnel employed before March 1 shall receive a one-week vacation. Employees after a period of one full year of employment at OTC will be granted a two-week vacation. After five years, the vacation will be three weeks. Vacation periods are granted with full pay.

I. SICK LEAVE

Sick leave will be accrued on the basis of one and one-quarter days per month, but not to exceed thirty days.

J. HOLIDAYS

The Occupational Training Center will be closed during the following days of each year and each will be a paid holiday:

New Year's Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Armistice Day
Thanksgiving Day
Christmas (2)

In the event that any of the above holidays fall on Saturday, it will be celebrated the day before and in the event that any of the above holidays fall on Sunday, it will be celebrated on the day after.

II. DESCRIPTION OF DUTIES

A. DIRECTOR

1. The director of the Occupational Training Center serves on a part-time basis and is full-time executive director of the Worcester Area Association for Retarded

Children, Inc.

2. The director shall attend all meetings of the Occupational Training Center Governing Board as a representative of the Association and shall be responsible for reporting to the body.

3. The director shall be responsible for preparing data and reports for public release, as may be suggested, or directed by the OTC Governing Board.

4. The director shall be responsible for maintaining contact with manufacturing associations and unions for purposes of eliciting a broad public support for the program.

B. PROJECT COORDINATOR

1. The project coordinator of the OTC shall be directly responsible to the OTC Governing Board for establishment, administration, and direction of the program. He shall be responsible for implementation of all decisions of the Governing Board relative to the Center, and for compliance with all requirements called for by the Office of Vocational Rehabilitation, U.S. Department of Health, Education, and Welfare.

2. The project coordinator shall attend all meetings of the Occupational Training Center Governing Board, and report on the progress of the OTC, and seek counsel and assistance regarding Project operations.

3. The project coordinator shall be responsible for presentation of the annual progress reports to the OTC Governing Board who shall, in turn, submit these to the Vocational Rehabilitation Administration to serve as supportive evidence for re-application for continuation of the grant.

4. The project coordinator shall be responsible for the presentation of an annual budget for the program.

5. The project coordinator shall be responsible for recruitment of staff, both professional and clerical, and providing for the orientation and induction into their respective duties, and for their release or dismissal.

6. The project coordinator shall be responsible for scheduling all staff conferences, including those of admissions, evaluations, case-work problems, in-service problems, etc.

7. The project coordinator shall be responsible for representation of the Occupational Training Center before interested individuals and organizations, both lay and professional.

8. The project coordinator shall be responsible for procurement, evaluation and passing upon all contracts and sub-contracts, and for maintaining all industrial relationships.

9. The project coordinator shall be responsible for final determination by authority of the Governing Board for acceptance of trainees, or for official termination action.

10. The project coordinator shall be responsible for eliciting professional advice and participation of professional non-staff persons in regard to specific problems confronting the program.

11. The project coordinator shall be responsible for scheduling activities, projects, procedures and daily routine of the OTC according to the needs of the program.

12. The project coordinator shall be responsible for recruitment and release of volunteer workers as may be necessary depending upon needs of the program.

13. The project coordinator shall be responsible for the evaluation of staff performance through periodic personnel-evaluation interviews with staff members.

14. The project coordinator shall be responsible for maintaining close work relationships with local Massachusetts Rehabilitation Commission counselors assigned

to OTC clients, periodically advising them of progress and problems encountered.

15. The project coordinator shall be responsible for periodical follow-up and counselling of placed clients and he shall be available for consultation with employers subsequent to placement of clients.

C. SOCIAL WORKER

1. The social worker shall be directly responsible to the OTC Project Coordinator, and shall serve as a team member on his staff, in addition to having the special duties described below.

2. The social worker shall have the primary responsibility for intake of clients, obtaining background information, medical clearance, and other data which would assist in determining the clients' eligibility for admission into the program.

3. The social worker shall be responsible for providing the staff conference and the Governing Board with data relative to social background and adjustment of the applicant.

4. The social worker shall be directly responsible for offering case-work service to trainees and their families.

5. The social worker shall be responsible for group adjustment programs, discussion groups, and other group work and group problems.

6. The social worker shall be directly responsible for guidance and counselling of parents in order to elicit their active participation in the rehabilitation processes, and for enlisting parental support for a continued rehabilitation effort at home as well as at the Center.

7. The social worker shall be responsible for maintaining relationships with other social, private and public agencies and shall be responsible for establishing working relationships with all the usual referral sources.

D. TRAINING SUPERVISORS

1. The training supervisors of the Occupational Training Center shall be directly responsible to the Project Coordinator, and shall serve as team members of the staff, in addition to having special functions described below.

2. The training supervisors shall be the primary responsibility for supervision of trainees in the program, providing them with work assignments and instruction.

3. The training supervisors shall have the responsibility for maintaining records of attendance, behavior, production, etc., and shall be responsible for determination of wages of trainees on a basis of existing rates and performance.

4. The training supervisors shall have the responsibility for contributing to the progress reports on individual trainees' performance.

5. The training supervisors shall be responsible for maintenance of physical property and for annual inventory reports to the Project Coordinator.

6. The training supervisors shall conduct such studies as may be necessary to determine wages and for the purposes of establishment of feasibility of undertaking a particular contract.

7. The training supervisors shall be responsible for studies involving the formulation of training and production procedures.

8. The training supervisors shall be responsible for maintaining materials, receiving and shipping records, and for planning and organization of production and quality controls.

9. The training supervisors shall be responsible for ordering necessary materials, equipment and supplies for the program as the need indicates.

These functions involve the overall administration aspects of the program. Each staff member, operating as a team member, is then involved in working with the adolescent retardate following certain general principles. Essentially, we have found several principles effective in working with adult mental retardates in vocational rehabilitation and these are:

1. Mental retardates are often more capable than anyone has ever given them credit for.
2. We must recognize but not sympathize with their limitations.
3. We must respect apparent strengths, search for latent ones, and develop both.
4. Initiative or ambition, or the lack of these, is very often the deciding factor in the vocational rehabilitation of the adult retardate. (Many trainees with IQ's of forty and fifty function more effectively than those with I.Q.'s of seventy.)
5. Social hunger is a paramount symptom in almost all mental retardates.
6. The peer group has an equal or greater influence upon the mental retardate than adults.
7. Success or achievement in a peer group and by peer group standards has seldom, if ever, been realized, and has a profound and positive influence.

8. The peer group itself contains elements conducive to growth and achievement and has in it an intrinsic though subtle therapeutic structure and function.
9. The mental retardate, perhaps because of his dependency is responsive to an approach that sees him as a valuable person.
10. The dependency so often observed in mental retardates can be used to create a more self-reliant and more effective person through work and social experience.
11. The satisfactions gained through work experience have a positive effect upon the mental retardate's personality, which make him a more attractive person.

THE ADVISORY BOARD:

It is generally recognized that parents of the mentally retarded are so caught up in their feelings about their offspring that they very often lose their objectivity and ability to plan consistently. Early recognition of this led to the establishment of an autonomous board to serve as an administrative insulation between the Parent's Association and the Occupational Training Center. When one realizes that some of the Center's clients could also be board members, the importance of such a move is apparent.

The make-up of the Governing Board of the Occupational Training Center consisted initially of representatives of various community agencies and factions. For example, the eleven member board consisted of: a representative of industry, a representative of the Vocational Rehabilitation Training Program at Clark University, a representative of the local Youth Guidance Clinic, the manager of the local office of the Division of Employment Security, the district supervisor of the Massachusetts Rehabilitation Commission along with the Commissioner of the Massachusetts Rehabilitation Commission, and a representative of the Worcester Area Association for Retarded Children, Inc. Also on the board was a representative of the Worcester Public Schools, a representative from the Special Education Program at Worcester State College, a representative from a private parochial school for the retarded and a private non-sectarian school for the retarded.

From the beginning this board became very active in the development of the Center and followed a rather hard-headed business line in determining procedures and program content. The attitude which the board took regarding vocational rehabilitation was that it was a business operating as a social welfare program. The basic philosophy which became evident after much discussion was a program that patterned itself in the belief in the dignity of each client. The program was to be realistically sympathetic and just as realistically demanding.

CHAPTER II

THE PROJECT PROGRAM

In the most general sense, the Occupational Training Center accepts the statement of the National Council on Rehabilitation of August, 1943 to the effect: "Rehabilitation is the restoration of the handicapped to the fullest mental, social, vocational and economic usefulness of which they are capable."

Within this working philosophy, the project has developed the following hypothesis relevant to our rehabilitation program.

1. For better or worse, the parents of these young adult retardates have a most profound influence upon their offsprings; they are their children's most effective teachers. To fully understand and utilize the phenomenon of this relationship and its application to vocational rehabilitation, we have set up a parents' educational and group counseling program. This consists of the intake process (during which an attempt is made to involve parents in the rehabilitation process), individual case work interviews when indicated, and monthly parents' discussion groups during the training period.

2. The structured group itself acts as a catalyst for stimulation, motivation and control (group discipline) and provides work training and social milieu for the development

of the maximum use of ability. We have some empirical observations to confirm our hypothesis that this will help our trainees minimize the "typical passivity, lack of initiative and a tendency to rely rather heavily on authority figures" as observed by the Jewish Vocational Service in Chicago. Using this principle (the group itself has an educational and social impact upon its constituents), we have allowed as much freedom for this kind of training as seems appropriate. It must be said that we recognize the value, and quite often, the absolute necessity, of well-defined structure. For some, especially those with emotional problems which complicate the primary disability, we have observed that well-defined structure and work binds their anxiety and energy, thereby enhancing the rehabilitation process.

3. Most trainees have had, with few exceptions, a generally frustrating school experience and a limited social life. To take on multiple new relationships is difficult. While the social worker interviews each applicant and his family, his direct contact with trainees during training is minimal. He maintains contact with trainees in three ways: (1) through individual and group interviews with parents, (2) interviews with trainees as indicated (Indications for the social worker's intervention are (a) a crisis situation that is not manageable by other staff, (b) parent's "interference"

with trainee's progress, (c) stimulation of trainee towards more effective use of program) and (3) through his consulting with the project coordinator and the shop supervisors. The social worker's experience in a child guidance clinic is of value in assisting the aforementioned personnel to develop alternate ways of dealing with individual trainees, group problems, and crisis situations. It is through this technique that some of the training of personnel is done.

We accept the hypothesis that retarded children and adults have more problems than the "average child". Out of necessity, they are far more dependent upon their immediate environment (natural family) than the typical young adult. This hypothesis has been implied by several centers similar to our's throughout the country. The most comprehensive statement to this effect is reported in the proceedings of the Institute on the Rehabilitation of the Mentally Retarded held at the University of Hartford in October-November, 1960. "The retarded child, moreover, is likely to experience a more-than-normal thwarting of his needs and drives. Consequently, he is more extensively dependent for nutrient care, for satisfaction of his needs over a much greater length of time. The lag in development of self-resources impedes the formation of self-image. This is further complicated by the extent to which the mother perceives her child as defective. She may, thereby, subject the child to unusual experiences of neglect or excessive nurturance, or confusing

alterations of the two, in any case, augmenting the child's helplessness in learning to cope with the world around him."

It is widely accepted now that the rehabilitation of the primary handicap must be accomplished at several levels; i.e. mental, social, vocational, physical, etc. A review of the literature suggests that of primary importance to rehabilitation of handicaps, in general, is the attitude of the disabled person and his family toward the disability. Cohen, Olshansky, Nesser, and Tillock point up the impact on the family and its positive and negative role in rehabilitation. Several OVR projects have indicated their interest in enlisting the parents in the rehabilitation process. Most have found it a difficult goal to achieve. In the Request for Continuation of Grant and 1st Annual Progress Report of the Occupational Training Center for Mentally Retarded Young Adults of Rhode Island, it is stated, "One of the weakest points in our entire effort in this direction (developing interpersonal relationships of those trainees soon to be placed in industry) thus far, has been in the relationship, or rather the lack of it, with trainee's parents". This is further implied in the Progress Report on Demonstration Project #RD531 of December, 1961. In the request for Continuation of Grant #4(A)(1)RD-254-R58, the work with parents group meetings is briefly described.

All of this seems to add up to the fact that other centers recognize the value of involving parents in the vocational training of mental

retardates. This involvement, however, must be appropriately placed, motivated, and controlled. The rights and responsibilities of parents cannot be abrogated.

In brief summary, the following hypotheses have been raised as a result of the parents' group meetings.

1. There is the feeling of being in competition with the program. There is resistance to accepting the fact that at OTC greater demands are made, goals are realistic, and therefore, more ability is manifest than had been seen in the home. In several cases, the parents did exactly opposite to what had been recommended as helpful in their offspring's rehabilitation.

2. There is an over-estimation and an under-estimation of the youngster's ability. Because of the parent's close and often neurotic relationship to this particular offspring, there is often an inability to accurately assess the youngster's intellectual, social, and vocational strengths and liabilities. Quite often the effect seems to be the parent's inability to encourage self-dependence, maturity, ambition, etc. in spite of strong verbalizations to the contrary.

3. Control versus uncontrol. We speculate that because of the parents' intense feelings (possibly hurt, guilt, and anger) that there is a definite impairment in the parents' rational ability to set appropriate controls, which create an atmosphere for experimentation and growth.

4. Again, because of intense feelings on the part of the parents, there is an inability to allow these young adults to separate and to have their own satisfactory self-image which is so important in rehabilitation.

5. There is an over-concern in the vast majority of these parents about sexuality in their children. Almost universally, the question about molesting is expressed as well as the youngster's presumed inability to control sexual impulses.

The implications of these hypotheses for vocational rehabilitation are: 1. Does the parent see the trainee as potentially employable? 2. Will the parent allow the trainee to fully utilize the OTC program? For example, many parents hesitate to let their youngster use public transportation, or have a satisfactory or even minimal social life because of their "concern".

While the above hypotheses are certainly speculative, we have observed these phenomena operating within the parents to limit their youngster's vocational rehabilitation experience. While parents, for the most part, are unaware of these forces within themselves and verbalize strong statements to the contrary, this has been seen time and time again. Obviously, the implications of this for vocational rehabilitation, from our point of view, are extremely important.

Our clinical impressions of trainees' personality characteristics which influence rehabilitation, although not statistically proved, have generally been valid for our group.

1. Mental retardates, individually and as a group, are more capable than heretofore had been recognized. This is the case for the specific abilities as well as general capability. Because they have been over protected, and have had most things done for them by their parents, and because society has rejected them in the past, they have not had the opportunity to experiment in order to develop to the fullest their limited abilities. At best their abilities have not developed; at worst they have degenerated.

2. The adult mental retardate is anxious and self-conscious. While no one is without both feelings, it is our impression that these feelings are experienced at an almost painful inhibitory level in the adult mental retardate, thereby further crippling his already limited ability.

3. There is, of course, less ability than usual to master or accommodate to a new environment. In addition, there is little incentive or need to modify their place in life. This often gives the mental retardate the appearance of being "spoiled" or "lazy", or both.

4. There is an inordinate degree of emotional dependency. This is expressed in a need for approval, inability to follow directions, inability to work independently, and on occasions

subtle expressions of negativism and passive resistance.

5. Social hunger is a paramount feature in all but a few applicants. Because of chronic isolation due to personality problems, parental over protection, etc., there is intense need for and anxiety about peer relationships. This has sometimes caused a prolonged and particularly arduous introductory phase of training. For example, we have seen a number of trainees become excellent workers after a long period of uneventful training.

This is a partial list of psychological characteristics or problems that influence habilitation. Most can be worked out at an experiential level, others cannot. While psychiatric or clinical treatment may not be required, all recuperative or habilitation procedures must be based on a sound diagnosis of the trainee's total situation. Only then can a realistic plan be charted.

General techniques employed in vocational habilitation:

1. We have found that the peer group has equal or greater influence on the mentally retarded adolescent than does the adult. Success in the peer group and by peer group standards has seldom been realized, and has a profound influence. Efforts are made, therefore, to exploit the group in the service of its members. That is, we deliberately promote these group elements conducive to growth and achievement.

2. Elementary though it may seem, the mentally retarded adolescent needs the respect and recognition of his superiors. Our supervisors respect whatever ability is present, never undercutting. This may well be the single most important factor in whatever progress we have made.

3. A social group, meeting one evening a week, offers a wider area for social experimentation within the group and in the general community.

CLIENTS SERVED

The Occupational Training Center serves mentally retarded young adults above the age of sixteen within a twenty-five mile radius of Worcester. The primary handicap served is that of mental retardation but a review of clients served indicates a large number of secondarily handicapped individuals within the total client load. About half of our clients suffer one or more significant secondary habilitation impediments. Several have had a combination of conditions which in conjunction with the retardation has all but eliminated employability. The secondary handicaps noted would include: moderate to severe sight loss, moderate to severe speech pathology, hearing loss, mild to severe epilepsy or epileptic form seizures, mild to moderate cerebral palsy, emotional disturbances, varying types of heart conditions, and allergies of many forms. These disabilities have already impeded or would impede vocational rehabilitation of any client if not treated via prosthesis, medication, and/or specialized therapy such as psychotherapy.

SERVICES PROVIDED

The Occupational Training Center provides basically four services. These are: work evaluation, work training, job placement, and sheltered employment.

A preliminary screening process precedes any admittance to the program. Persons involved in the screening process include: the project coordinator, project social worker, a psychologist, a doctor, and a counselor from the local office of the Massachusetts Rehabilitation Commission. Information used in the screening process is gathered from as many sources as may be deemed necessary, and in cases when further psychological, medical, or social information may be needed, provisions for gathering such are made by the Training Center. Social data is normally gathered by the project social worker, and further psychological and medical information is gathered cooperatively with the Massachusetts Rehabilitation Commission.

An applicant will be judged qualified for admittance to the program if he or she is sixteen years of age or older; if his or her physical condition is sufficient to undertake such a program; if he or she can be trained to operate with a degree of independence; and if the I.Q. is such that it constitutes mental retardation (below 80). Upon admittance to the program, the individual is required to undergo an evaluation period of four weeks. Four weeks is the normal length of time for the evaluation phase of the program, but in some

instances it has been extended to allow for a more accurate determination of employment potential.

During the evaluation phase of the program, the individual is observed on all available work tasks with particular emphasis placed upon ability to assimilate within the group, general work habits, attendance and punctuality, work tolerance, reaction to supervision, interest in work, and extent of manual skills. Each individual's performance is evaluated by the staff on a daily basis, with a weekly evaluation by a counselor from the Massachusetts Rehabilitation Commission, the project coordinator, and the immediate supervisor.

Along with observation of the individual in a realistic work situation, the Training Center utilizes the Vocational Capacity Scale developed by the Sertoma Sheltered Workshop, Research Division, Tampa, Florida, under a grant from the Vocational Rehabilitation Administration. This scale considers eight factors necessary for determining vocational (occupational) potential. Factors considered include work habits, physical capacity, social maturity, general health, manual skills, arithmetic level, motivation, and direction following ability.

Although we have no formal studies to base our findings upon, the above mentioned Vocational Capacity Scale appears to provide a more than adequate basis for determining possible occupational success. We have been using the Vocational Capacity Scale, along

with observation of an individual in a realistic work situation, for the past three years. The decisions we have reached, based upon the above mentioned points, have proven to be reliable in light of subsequent performance by each individual concerned.

Upon completion of the evaluation phase of the program, an individual will be either admitted to the training program, referred to other programming, or placed in employment. This decision is the result of cooperative action between the Training Center, a counselor from the Massachusetts Rehabilitation Commission, and the family of the individual.

Upon admittance to training, the individual embarks upon a work training program intended to prepare him for eventual competitive employment or employment in an extended sheltered workshop situation.

The major emphasis of the program is the development of work habits and attitudes through the use of actual work experiences in a sheltered situation. Although the work situation is a sheltered one, all attempts are made to simulate the work atmosphere a trainee will encounter when placed in the competitive labor pool.

At the present time, we are in the fortunate position of having a more than adequate supply of sub-contract work with which to develop a true work atmosphere. Each operation or contract has been acquired with a particular type of training or progression of training in mind. It is interesting and important to note that

as work contracts have increased, likewise trainee interest and production have also greatly increased. Former complaints of too long a day have turned to complaints about too short a day. The work atmosphere created within the training center, along with trips to local factories have succeeded in developing within the majority of the trainees a realization and a fairly accurate concept of "the world of work".

Actual industrial work subcontracted from local manufacturers serves as the training medium. For example, we have made several children's items: 300,000 bow and arrow kits, 600,000 jump-ropes, and 1,500,000 golf club sets. For another company we have assembled 500,000 muffler clamps, 350,000 turnbuckles, and are now blister packaging spare snow chain links. Along with this we manufacture 600-700 dozen children's mop heads per week.

All of these items are selected on the basis of (1) diagnostic and training value, (2) social value, or a combination of both. That is, our people often work in gangs as well as individually, but they always accept responsibility for the quantity and quality of their individual work.

While we do theoretically offer personal counseling or casework service to the trainee, this is, in practice, limited to crisis situations. A time factor prohibits more extensive contact. Even so, we are impressed with gains made by the mentally retarded through the work training, social and group experience. We have

clearly observed that the trainees are ready to go to work, or take on responsibilities, before their parents can accept the changes. For this reason, the greatest deal of time is spent in individual and group meetings with the parents.

Perhaps a brief history of selected successful job placements indicating handicap, training provided, and result of training would be helpful to the reader in better understanding the overall program.

BRIEF CASE HISTORIES OF TRAINEES PLACED INTO EMPLOYMENT:

Name: Kathleen L.
I.Q. 35
Primary Handicap: Mental Retardation
Secondary Handicap: Epileptic and poor physical condition
Training Provided: Work evaluation, personal adjustment training, counseling, and stitching machine operation. Intensive family counseling was also provided to aid entire family, who were welfare recipients.
Result of Training: Placement was made in a neckware factory, with combined duties of stitching and general factory.

Name: Carol S.
I.Q. 50
Primary Handicap: Mental Retardation
Secondary Handicap: Severe hearing and speech loss
Training Provided: Work evaluation, personal adjustment training, vocational counseling, and stitching machine operation.
Result of Training: Placement was made in an industry making clerical garments, with the duties of stitcher. This trainee has since married and has a present earning capacity of $85.00 per week.

Name: Carol D.
I.Q. 69
Primary Handicap: Mental Retardation
Secondary Handicap: Emotional disturbance
Training Provided: Work evaluation, personal adjustment training, vocational counseling, and referral to specific job training through the Youth Training Program.
Result of Training: Trainee placed into competitive employment in a local hospital, with duties of ward maid.

Name: Rosella B.
I.Q. 71
Primary Handicap: Mental Retardation
Secondary Handicap: Emotional disturbance
Training Provided: Work evaluation, personal adjustment training, and referral to more specific training.
Result of Training: Trainee has completed a training program and is presently employed as a manicurist.

Name: Beverly B.
I.Q. 64
Primary Handicap: Mental Retardation
Secondary Handicap: None
Training Provided: Work evaluation, personal adjustment training, occupational counseling, and family counseling.
Result of Training: Trainee placed in competitive employment in a local leather manufacturing firm, with the duties of machine operator.

Name: June D.
I.Q. 75
Primary Handicap: Emotional Disturbance
Secondary Handicap: Borderline retardation
Training Provided: Work evaluation, personal adjustment training, vocational counseling, and family counseling.
Result of Training: Trainee is presently married, with successful history of part time work as a domestic.

Name: Beverly W.
I.Q. 62
Primary Handicap: Mental Retardation
Secondary Handicap: Poor physical condition
Training Provided: Work evaluation, personal adjustment training, client and family counseling, medical evaluation and treatment, and psychiatric evaluation and treatment.
Result of Training: Trainee is successfully employed, after two work failures, as a stitcher in a garment factory.

Name: Elaine P.
I.Q. 64
Primary Handicap: Mental Retardation
Secondary Handicap: Scoliosis
Training Provided: Work evaluation, personal adjustment training, client and family counseling, and medical evaluation and treatment.
Result of Training: Trainee was placed into a shoe manufacturing firm as an assembler.

Name: Eunice M.
I.Q. 65
Primary Handicap: Mental Retardation
Secondary Handicap: Poor physical condition
Training Provided: Work evaluation, personal adjustment training, occupational counseling, personal hygiene, and medical evaluation and treatment.
Result of Training: Trainee successfully employed in a wool processing plant as a sorter.

Name: Alice P.
I.Q. 45
Primary Handicap: Mental Retardation
Secondary Handicap: Amputated thumb on dominant hand
Training Provided: Work evaluation, development of work experience and placement.
Result of Training: Trainee placed in local restaurant, with the duties of kitchen assistant.

Note:
Four of the preceding ten girls mentioned were welfare recipients prior to placement.

Name: George C.
I.Q. 62
Primary Handicap: Mental Retardation
Secondary Handicap: Severe speech defect and poor oral hygiene.
Training Provided: Work evaluation, personal adjustment training, speech therapy, and dental care.
Result of Training: Trainee successfully employed at a local hospital as a porter.

Name: Arthur M.
I.Q. 75
Primary Handicap: Borderline retardation
Secondary Handicap: None
Training Provided: Work evaluation, personal adjustment training, specific job training, and re-training.
Result of Training: Trainee successfully employed, after two work failures, for past two years, having received two promotions. Trainee has since married.

Name: Richard L.
I.Q. 70
Primary Handicap: Mental Retardation
Secondary Handicap: Severe hearing and speech loss
Training Provided: Work evaluation, personal adjustment training, re-training, and counseling.
Result of Training: Trainee successfully employed in a garment concern as a floor boy.

Name: Carl T.
I.Q. 65
Primary Handicap: Mental Retardation
Secondary Handicap: None
Training Provided: Work evaluation, personal adjustment training, and family counseling.
Result of Training: Trainee successfully employed in a pharmaceutical house, with the duties of packager.

Name: John S.
I.Q. 63
Primary Handicap: Mental Retardation
Secondary Handicap: Epilepsy
Training Provided: Work evaluation, personal adjustment training, re-training, and referral to specific training through the Youth Training Program.
Result of Training: Trainee completed program in landscape gardening and is presently employed by the State of Massachusetts in a similar capacity.

Name: Paul G.
I.Q. 55
Primary Handicap: Mental Retardation
Secondary Handicap: None
Training Provided: Work evaluation, personal adjustment training, and family counseling.
Result of Training: Trainee successfully employed in a local restaurant as a kitchen assistant.

Name: Richard G.
I.Q. 50
Primary Handicap: Mental Retardation
Secondary Handicap: Speech defect
Training Provided: Work evaluation, personal adjustment training, and development of work experiences.
Result of Training: Trainee, the brother of Paul G. above, is working at a local restaurant as a dishwasher.

Name: Ernest P.
I.Q. 60
Primary Handicap: Mental Retardation
Secondary Handicap: None
Training Provided: Work evaluation, personal adjustment training, and the development of work experiences.
Result of Training: Trainee is successfully employed at a local aluminum window and door manufacturing concern, with duties of assembler.

Name: James T.
I.Q. 70
Primary Handicap: Mental Retardation
Secondary Handicap: Deaf-mute
Training Provided: Work evaluation, client and family counseling, and specific training.
Result of Training: Trainee successfully employed at a local industry specializing in space and flying suits as an assembler.

Name: John H.
I.Q. 60
Primary Handicap: Mental Retardation
Secondary Handicap: None
Training Provided: Work evaluation, personal adjustment training, client and family counseling, and intensive follow-up.
Result of Training: Trainee was successfully placed into a corrugated paper concern, with general factory duties.

Note:
Four of the preceding ten boys mentioned were welfare recipients prior to placement.

THE COMPREHENSIVE CARE CENTER

In October 1965 the long-planned and long-awaited Worcester Area Comprehensive Care Center for the Mentally Retarded opened its doors in a building on the grounds of the State Hospital in Worcester, remodeled for this purpose. With its advent, space and other facilities for enlarged classes, additional programs and the consolidation of many existing scattered programs became possible.

As the responsible agency in the area for a number of years, the Worcester Area Association for Retarded Children became a joint sponsor, together with the Massachusetts Department of Mental Health, for the operation and financing of the new Center. A complete comprehensive program, planned for some time, became a reality.

These programs are as follows:

NURSERY

Age Range--3 to 7 years.

The pre-school nursery clinic program is three-fold. It consists of medical, psychiatric and psychological evaluation, nursery school training and counseling for the parents. The aim of the program is to help each child to reach his maximum potential and to provide the children with the skills necessary to their good health, pleasant appearance and safety so that they develop established habits at home and in class. The goal for this group is to prepare them for public school attendance.

DAY CARE PROGRAM

The Day Care Units provide daily programs from 9 to 3 for those children who are considered to be on the very edge of the trainable area or who are profoundly retarded. Each program is run on a year-round basis with seasonal and periodic holidays.

Younger

Age Range--3 to 10 years.

The daily program takes every child into consideration on an individual basis with focus on the basic areas of toilet training, aspects of dressing, recognition of people and articles, walking, talking and eating. The goal is to bring functioning to the known or anticipated maximum potential and to add to this whatever gains past this point that can be made.

Intermediate

Age Range--11 to 15.

An intermediary point between the younger and older units with the program geared to each child. This may include the areas covered within the Younger Day Care program and additionally contains the elements pertinent to a group going through the problems of adolescence, including a growth spurt and the interest changes of such an age. Crafts, physical exercise and other recreational programs are utilized.

Older

Age Range--16 years to adult.

The program contains elements of both the Younger and Intermediate units and is geared to each person within the additional structure of crafts, physical exercise, music and recreational programs. Skill developing techniques are also employed such as integration of production products, mutual inter-assistance and aspects of the workshop program.

Prolonged Employment Shop

Age level--Young adults.

The program deals with young adults capable of productive work, but not capable of acceptable production in competitive industry. Work done in the shop are items on a sub-contract basis made to be sold in the community. Skills taught include food service and building custodial duties, in addition to fabricating, assembling and packaging.

Occupational Training Center

Ages 16 years to adult (Providing all schooling available has been completed.)

Young adults are accepted who are within a range of intelligence that would enable them, after training, to work in a regular industrial job.

The emphasis of the program is the teaching of job skills, such as the use of the time clock, regularity of appearance, ability to remain at a piece of work, the relationship to the employer and other

factors. Some of the specific skills taught include stitching, packing, use of a press and other similar operations. Some education of a formal nature is also included. As part of the attempt to approximate a regular industrial situation, the Occupational Training Center is located on Chandler Street in Worcester, away from the State Hospital area.

SOCIAL DEVELOPMENT PROGRAMS

These programs are geared to develop the social skills of the retarded in their community and are many and varied.

Tuesday Evening Program

Dealing basically with those trainees who have attended or are attending the Center Workshop programs, the program is a social, recreational activity, attempting to expose group members to the facilities available within the community while, at the same time, developing the social skills of the members. Dances, trips to factories, movies, bowling, skating, swimming and games are part of the activities.

Wednesday Evening Program

Historically one of the oldest continuous services to the retarded of Worcester, it now concentrates on providing an evening of activity for the very retarded. Activities include monthly birthday parties, seasonal parties, dances and physical activity games such as basketball, bowling, swimming and crafts.

Girl Scouts

Ages--Eleven with no top age limit.

The program follows as closely as possible to regular Girl Scouting as is feasible for the group. Adaptions are made when necessary to accommodate the varying needs of individual group members.

Boy Scouts

Ages--Eleven to adult.

The program approximates the regular programs of Scouting as closely as possible with adaptations as necessary for the individual Scout.

Teen Group

Ages--11-15.

Operated in affiliation with Our Lady of Mercy School, the program attempts to expose the members to some of the experiences of the children's community counterparts. Many of the children, for example, have never attended a dance, nor initiated a program and have no idea of community sources.

Boys Group

Ages--10-12.

The group is composed of boys who are functioning on a level below capacity but who do not need to be within regular retarded programs. The goal is to help the boys develop better ways of functioning with their regular age group and adults through experience. Activities include model building, wood working, etc.

Camp Joy

All Ages

The program is supported and run by the City of Worcester Parks and Recreation Department with additional funds from the Kennedy Foundation and the Worcester Area Association For Retarded Children and Friends of the Retarded. An eight-week Summer Day Camp, it is geared to helping the retarded child become a complete person in his or her daily life.

CHAPTER III

RESULTS AND CONCLUSIONS

A. Community Participation and Acceptance

The Occupational Training Center was the first work training center for the handicapped in the Worcester area. Although the workshop movement was often discussed by concerned parties no actual operation was ever begun. It was therefore an important step that the local A.R.C. took when they decided on such an operation. At the time of the writing of this report two and possibly three other related programs are ready to move in the same direction taken by us four years ago.

The O.T.C. has worked closely with all the local organizations concerned with the rehabilitation of the handicapped individual and has laid the ground work for future programs. Although

accepting primarily the mentally retarded client, the results and findings throughout the past four years have clearly indicated the need for additional workshop facilities to serve the many other types of handicaps. Because of this the staff has given much of its time advising and helping in the formulation of plans for such additional programs. It has been often said that we are in effect aiding competitors but we would rather feel that we are aiding the total community. In order for a program to succeed, the total involvement of the community is necessary. This total involvement can only be achieved if all interested parties and agencies take a cooperative attitude toward the multitude of problems found within any community.

It is our feeling that by offering to others our experiences, either good or bad, the total programming for the handicapped in this area can be improved. This attitude is important not only when dealing with other agencies but with employers as well. Since most employers are also community leaders and in turn support many of the activities carried on by our agency as well as others, we have made every attempt to give them assistance rather than constantly asking for their assistance.

This employer assistance can fall into two basic groupings. One is by providing a program which the employer can utilize in terms of a sub-contract outlet, and the other by providing a program that trains people to fit the employer's needs, rather than some pre-conceived notions we might have regarding his needs. Both of these

groupings indicate a program has to serve the community's needs, and this can be best accomplished through efficient operation.

We feel that our program has been productive and thus has achieved a measure of community acceptance not thought possible when we first began. It has provided tangible results which the community needs and has replaced promises with action.

B. Placement Activities

In order to discuss results, placement activities have to be discussed. Final job placement is, of course, the aim of a program of this type but we do caution against placement merely for the sake of statistical figures. If initial emphasis is placed upon building a sound program, placement and client readiness for placement become the easiest part of the overall operation. That is, if training procedures are sound and well thought out, the client can only progress to a point where he becomes employable.

Our experiences over the past four years indicate that within our present state of knowledge approximately fifty per cent of the clients seen at the O.T.C. will progress to a point where they will become successfully employed in a competitive work situation. Although we are reluctant to use figures because they can and do vary according to each situation we do find well over one hundred former clients of the O.T.C. successfully employed at the writing of this report. Their earning capacity ranges from $1.25 per hour to $2.75 per hour, and their length of employment from three years to thirty days.

The placement activities at the O.T.C. are a coordinated venture in involving the Massachusetts Rehabilitation Counselor assigned to the case, the family, and our staff. Initially all placements were made after inital "cold contacts" with industry but subsequent successes have resulted in the majority of placements being made in industries recommended by satisfied employers. In many instances employers have hired as many as six former clients of the O.T.C. attesting to the fact that they are satisfied with those individuals previously employed through the O.T.C.

The placement procedure in every instance recognizes the foreman and immediate co-workers as the key factors, in successful placement. In almost every instance our initial contact with the front office is our last. That is to say, that industry has to rely on the foreman or manager to maintain production; thus, if a foreman is having difficulty with a worker, he alone has to make the decision to either retain or let the worker go. Our time is best used when we can explain and educate the immediate supervisor regarding the employment traits of the particular mentally retarded person being placed. If he is comfortable in his everyday relationship with this new employee, we find that fully seventy-five per cent of our placement problem has been solved. We have found that once a problem gets beyond the foreman to the front office level the placement will usually be a failure.

It is best to remember that the foreman is usually an average person who will tend to resent any attitude on the placement person's part which will make the foreman feel interior. The placement person must talk to the foreman on his own level avoiding over technical terms which tend to confuse rather than explain. In order to insure rapport, we often alternate staff people in the placement function. This is done mainly because one person can often achieve a friendly relationship initially where another person may arouse negative feelings. Flexibility in placement procedures is important rather than depending upon some definite plan in all cases.

C. Placement Follow-up

Once placement has been accomplished immediate and continuous follow-up of each client becomes an absolute necessity. The follow-up visits cannot be pre-determined for the entire group as a whole but will result from a variety of factors. These factors will include type of placement, type of supervision, previous experiences, the individual himself, and the many other subtle factors that influence individual performance. In some instances, the follow-up will occur on the second day of placement and in others the second week.

The importance of the follow-up activities were clearly brought to light in a number of different instances. The most striking one was a case in which we were required to sign a statement to the effect that we would follow-up within one week intervals. This was done because the employer had in other instances

hired handicapped individuals and when problems arose he had no one to turn to for advice. He was fearful of reprimanding or firing an individual so placed because he was afraid of the consequences of such an action upon the individual. Since our initial contact and subsequent agreement with this employer, he has taken on many trainees and has worked along with us on helping them to adjust to the work required. In almost every instance he has carried marginal employees far beyond the point we could normally expect and they have more than proven their worth with this additional trial time. This would not be possible without intensive follow-up activity.

In other instances, minor problems have been solved in on-the-spot situations uncovered by follow-up. One case in point would be of a girl who was quitting a rather attractive job because someone was constantly "picking on her". As it turned out, this person was the department inspector whose job it was to reject poor items and return them to the person making them. Although all girls in the department had more rejections to be corrected than the trainee from the O.T.C., she thought she was being singled out. A brief explanation of this procedure resulted in an understanding of the requirements and at this writing the girl has been employed at this same job for over two and one half years. Although it would be extremely difficult to single out a single program procedure that would be most important, the area of follow-up would have to be carefully considered.

D. Types of Placements

The types of work placements made by any program would necessarily depend upon the type of client being served. The O.T.C. has served basically the mentally retarded with I.Q.'s of approximately 55. Persons with I.Q.'s of 30-40 have been served and placed successfully, and persons with I.Q.'s of 60-70 have also been served and placed. We have found that the person with an I.Q. of below 60 is the person most needing a service of the type we provide. It is this youngster who has been unable to participate in school programs leading to work adjustment and thus can profit most from our facility.

Because of the level of I.Q. of our average trainees the areas of job placement usually fall into the non-skilled, semi-skilled, and service areas. Experiences have shown also that many persons initially placed into unskilled operations have increased their level of performance to that of semi-skilled and sometimes skilled types of occupation through on-the-job experiences. This leads us to believe that if the trainee develops good sound basic work habits and attitudes vocational performance can best be developed on the job rather than through simulated experiences.

The types of placements will then vary from porter work, car wash helper, to inspecting and power stitching. In every instance, placement is made at the prevailing wage rate for the operation the trainee will be expected to assume. In the past four years, we have only received three exemptions from the minimum wage and these were

for a period of only two months. In all three cases the individuals were able to successfully work themselves up to a competitive level.

E. General Findings

The past four years have shown us that a training facility such as the O.T.C. is a necessary and integral part of a total approach toward serving the mentally retarded. It is a unique type of facility that falls somewhere between the school program and competitive industry. It offers to the individual the necessary stepping stone or intermediate step that bridges the school and employment. It is a type of program not necessary to every individual who is mentally retarded, but needed by enough to justify its existence and continuation. The program, in order to be successful and provide the necessary work experiences and training, must be a simulation or even a duplication of industry in order to provide meaningful exposure to the rigors of the world of work. It must involve sub-contract work, counseling, academics, etc., on a practical plane.

Sub-contract work we feel forms the basis for our program in that it sets the tone of the program and quickly transcends the bridge between academics and work. It is through success and failure on actual work operations, as opposed to busy work or arts and crafts, that basic work habits and attitudes can be most meaningfully developed. In essence, poor performance at the O.T.C. will lead to

corrections, whereas similar poor performance in industry would lead to a release.

Although sub-contract work is important, an over abundance of such work is probably as harmful as none. During periods when our commitments to do work exceeded our capability, we resembled a rather busy factory. On the surface and to an observer the O.T.C. looked rather impressive what with tremendous quantities of work being produced. In actuality the only thing we were doing was work, with little or no training taking place. I make this point to emphasize that sub-contract work is not the workshop, but rather a means of providing training. The types of work and the amount of work a shop is to handle should be determined by its training value not by production goals that look good on a statistical report.

Although sub-contract work is important, it is only the base upon which the program is built. It serves the same function as books and audio-visual aids serve in the classroom. Thus, in a classroom a teacher is hired because of her ability to use these tools to teach others by training and experience. In a workshop, the same concept holds true except that the people doing the teaching must be familiar with the work world through training and most important, experience. It is, therefore, important that the workshop instructors be primarily experienced in the requirements of competitive industry and secondarily to possess the ability to impart this experience to those trainees in the program.

The O.T.C. has as its primary purpose the assisting of the mentally retarded individual to achieve maximum vocational and economic independence.

The major objectives of the O.T.C. program are as follow and it is within these that the program has been developed. Since they are general in nature, the program must be flexible enough to serve all needs that manifest themselves.

TRAINING CENTER OBJECTIVES

To determine work ability

To develop work tolerance

To teach work processes and skills

To give vocational training with a practical application

To effect adjustment to work

To enable the retarded individual to work

To provide guided opportunities for pre-vocational exploration and try-outs in a simulated work situation

To develop employability

To place the retarded individual in a selected job

To provide follow-up services

To provide gainful employment in a realistic work setting permitting individualized work programs

APPENDIXES

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TABLE I

VOCATIONAL CAPACITY SCALE PROFILE SHEET

Case Number: _____ Name: _____

Age: _____ I.Q. _____ Male _____ Female _____

NAME OF FACTOR		QUARTILES				TIMES WEIGHT	SUB-TOTAL
		1	2	3	4		
A	Work Habits	1	2	3	4	1	
B	Physical Capacity	1	2	3	4	1	
C	Social Maturity	0 - 59	60 - 72	73 - 82	83 - Up	1	
D	General Health	1	2	3	4	2	
E	Manual Skills	10'26" or higher	10'25"- 9'13"	9'12"- 7'1[illegible]	7'17" or lower	2	
F	Arithmetic	0 - 1.6	1.7 - 2.[illegible]	3.0-4.4	4.5 - Up	2	
G	Motivation	0 - 20	21 - 31	32 - 41	42 - Up	3	
H	Direction Following	0 - 14	15 - 28	29 - 39	40 - Up	3	

TOTAL _____

. 15 . 20 . 25 .	.30 . 35 . 40	. . 45 . 50 . .	. . 55 . 60 . .
DAY CARE	SHELTERED	BORDERLINE	COMPETITIVE

TABLE II

Factor A

WORK HABITS RATING SHEET

Name: _____ Date: _____

Rater: _____ Total Score: _____

LEARNING AND COMPREHENSION (Circle appropriate number under each heading.)

A. Response to Instruction

1. Needs little instruction and is able to follow through on a job.

2. Needs moderate amount of instruction and then is able to follow through on a job.

3. Needs a great deal of instruction and then is able to follow through on a job.

4. Even with a great deal of instruction was unable to follow through on a job without close supervision.

B. Concentration

1. Gives adequate attention to job at hand.

2. Gives fluctuating attention to job at hand.

3. Gives moderate attention to job at hand.

4. Unable to apply self to job at hand.

C. Adjustability to New Job Tasks

1. Adjusts well to new assignments.

2. Adjusts adequately (with minor difficulty) to new assignments.

3. Has difficulty adjusting to new assignments.

4. Cannot adjust to new assignments.

PERFORMANCE

A. Frustration Tolerance

1. Generally sticks to job in face of obstacles or setbacks.

2. Generally sticks to job but may show some distress.

3. Has considerable difficulty in sticking to job when faced with obstacles.

4. Cannot tolerate many obstacles to completion of job.

B. Consistency of Effort

1. Showed steady work behavior.

2. Showed moderately steady work behavior.

3. Was generally more erratic than not.

4. Very unstable behavior.

ATTITUDE TOWARD WORK

A. Adaption to Work Environment

1. Once familiar with shop requirements adjusts with little delay.

2. Once familiar with shop requirements adjusts satisfactorily.

3. Has difficulty adjusting even after becoming familiar with the shop requirements.

4. Cannot adjust even after becoming familiar with the shop requirements.

B. Motivation to Work

1. Usually looks for things to do.

2. Sometimes will look for things to do.

3. Rarely looks for something to do.

4. Constantly has to be pushed into doing something.

C. Reaction to Pressure

1. Works best under very little pressure.

2. Works best under occasional pressure.

3. Works best under constant but moderate pressure.

4. Works best under strong continual pressure.

D. Punctuality (morning, breaks, returning from lunch, etc.)

1. Excellent

2. Good

3. Fair

4. Poor

E. Work Interest

1. Becomes engrossed in the work.

2. Work holds his attention.

3. Shows little concern for his work.

4. Displays complete unconcern over his work.

INTERPERSONAL RELATIONS

A. Reaction to Supervisor

1. Works best with little or no supervision.

2. Works best with permissive, supportive supervision.

3. Works best under firm, authoritarian supervision.

4. Resists supervision.

B. Cooperativeness with Supervisor

1. Is usually helpful and meets demands of shop.

2. Sometimes is difficult to work with.

3. Frequently difficult to work with.

4. Does not help at all and often refuses to comply with shop rules.

C. Relationship with Peers

1. Achieves quick and easy acceptance within group.

2. Achieves harmonious relations with most of group after a short time.

3. Can achieve acceptance by only a few members of the group.

4. Is not accepted in group.

SCORING

The score is the sum of the item numbers circled.

WORK HABITS--SUM			
43 - 52	42 - 33	32 - 23	22 - 13
1	2	3	4
QUARTILES			

Rating should be done by at least three staff members, independent of each other. Raters should be staff members who have had opportunity to observe client in protracted work samples or actual workshop job performance.

The rating for use in the Vocational Capacity Scale should be the average rating based on all the raters' scorings. Ties should be resolved in the direction of the mean, or an additional rater's judgement should be obtained.

TABLE III

FACTOR B

PHYSICAL CAPACITY RATING FORM

Rating should be done by at least three staff members, independently of each other. Each should have the benefit of at least two weeks observation of the client being rated and full access to the client's medical examination report and other pertinent data available.

This is primarily a rating of capacity for physical effort and the presence of the neuro-muscular system necessary for various activities.

Rater should indicate his placement of the client in terms of one or the four descriptive categories given below for each factor.

LIFTING, CARRYING, PUSHING AND PULLING

These are the primary "strength" physical requirements and, generally speaking, a person who engages in one of these activities can and does engage in all. Specifically, each of these activities can be described as:

A. Lifting:

Raising or lowering an object from one level to another; includes upward pulling.

B. Carrying:

Transporting an object, usually holding it in the hands or arms, or on the shoulder.

C. Pushing:

Exerting force upon an object so that the object moves away from the force. This includes slapping, striking, kicking, and treadle actions.

D. Pulling:

Exerting force upon an object so that the object moves toward the force; includes jerking.

Client rated as follows: (circle one)

Severe Limitation	Marked Limitation	Mild Limitation	No Limitation
1	2	3	4

CLIMBING AND BALANCING

These activities are defined as:

A. Climbing:

Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, and the like, using the feet and legs or using hands and arms as well.

B. Balancing:

Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastic feats.

Client rated as follows: (circle one)

Severe Limitation	Marked Limitation	Mild Limitation	No Limitation
1	2	3	4

STOOPING, KNEELING, CROUCHING, AND CRAWLING

These activities are defined as:

A. Stooping:

Bending the body downward and forward by bending the spine at the waist.

B. Kneeling:

Bending the legs at the knees to come to rest on the knee or knees.

C. Crouching:

Bending the body downward and forward by bending the legs and spine.

D. Crawling:

Moving about on the hands and knees or hands and feet.

The activities in this factor involve full use of the lower extremities as well as the back muscles.

Client rated as follows: (circle one)

Severe Limitation	Marked Limitation	Mild Limitation	No Limitation
1	2	3	4

REACHING, HANDLING, FINGERING, AND FEELING

These activities involve the use of one or both of the upper extremities and are defined as:

A. Reaching:

Extending the hands and arms in any direction.

B. Handling:

Seizing, holding, grasping, turning, or otherwise working with the hand or hands; not fingering.

C. Fingering:

Picking, pinching, or otherwise working with the fingers primarily (rather than with the whole hand or arm as in handling).

D. Feeling:

Perceiving such attributes of objects as size, shape, temperature or texture, by means of receptors in the skin, particularly those of the finger tips.

Client rated as follows: (circle one)

Severe Limitation	Marked Limitation	Mild Limitation	No Limitation
1	2	3	4

SCORING

The final rating below is the sum of the four individual ratings given above.

PHYSICAL CAPACITIES RATING			
4 - 6	7 - 9	10 - 13	14 - 16
1	2	3	4
QUARTILES			

TABLE IV

Factors A, B, D, G, and H are included in their entirety. Since factors C, E, and F involve standardized tests available for purchase only, their names will be included.

Factor C--Social Maturity - Score derived from the Vineland Scale of Social Maturity.

Factor E--Manual Skills - Score derived from the Pennsylvania Bi-Manual Work Sample.

Factor F--Arithmetic - Score derived from Jastak's Wide Range Achievement Test.

TABLE V

Factor D

GENERAL HEALTH RATING FORM

Rating should be done by at least three staff members, independently of each other. Each should have the benefit of at least two weeks observation of the client being rated and full access to the client's medical examination report and other pertinent data available.

Rater should indicate his placement of the client in terms of one of the four descriptive categories given below.

Severe defect; few training or job opportunities.	Marked health problem; will influence training and/or job potential.	Mild health problem; will not interfere with training and/or job potential.	Good health; no apparent defect.
1	2	3	4

Scoring for this factor is based on a routine physical examination administered prior to or during the evaluation period. The rating is in terms of the effect the retardate's health can be presumed to have on training and vocational potential.

The rating for use in the Vocational Capacity Scale should be the average rating based on all the raters' scorings. Ties should be resolved in the direction of the mean or an additional rater's judgement should be obtained.

TABLE VI

Factor G

MOTIVATION

Testing Directions

SUBJECTS:

Male or female, 15 years of age or above. Must have use of both right and left hands without severe neuromuscular impairment.

MATERIAL SPECIFICATIONS:

Disc: 6" masonite circle with five 1/4" holes bored according to the pattern indicated in the drawing.

Bolts, nuts, and washers: 1/2" by 1/4" bolts with nuts, 3/4" washers with 5/16" hole.

TESTING CONDITIONS:

In order to control for fatigue factors, subjects should be tested in the morning prior to the lunch time break. Subjects should be tested individually, although the examiner may attend more than one subject at a time. Subjects should sit at a table or bench and should not face each other or be within easy communication distance. No distracting external influence should be present and no interruptions should be permitted.

PROCEDURE:

Subject is seated in the chair and the materials are arranged in front of him. Bolts, nuts, and washers should be in separate dishes or boxes. These containers should be moveable rather than fixed. Each subject is given 100 discs, 500 bolts, 500 nuts, and 500 washers.

The examiner says: "This is a test. I want to see how many of these discs you can assemble. Let's do one for practice." Examiner takes disc in hand, places washer on bolt, inserts through one disc hole and attaches with nut, screwing bolt down completely.

Examiner then says: "See how it is done? Now let me see you finish the discs by putting bolts in all the rest of the holes the same way I put in the first one. Be sure to screw the nut all the way down. Go ahead." Examiner hands the disc to the subject.

If subject succeeds, trial period is complete. If he does not succeed, examiner assists in placing a few bolts, then begins instructions anew with "See how it is done . . ." If subject fails to grasp task on second trial, test is discontinued. If subject succeeds, examiner repeats, "All right now, let me see how many you can make until I tell you to stop. Go ahead." Examiner starts watch.

The examiner gives no further encouragement other than to answer direct questions put by the examinees. Insofar as possible he should answer by paraphrasing the original instructions. At no time should an indication of the length of time of the test be given. No attempt should be made on the part of the examiner to motivate the client beyond the original instructions.

At the end of one hour the examiner says, "All right, stop." He may then praise or otherwise talk to the client without limitation.

SCORING:

A count is made of the number of completed discs. Three of the five holes must be completed to include the disc in the final score. The total score on this test is the number of discs completed in one hour. At the present time only quartile norms have been constructed for the Vocational Capacity Scale. Based on N-138, they are as follows:

NO. OF DISCS COMPLETED			
0 - 20	21 - 31	32 - 41	42 - Up
1	2	3	4
QUARTILES			

Because of the length of the test and the nature of instructions it is believed to be a measure of motivation. Correlation with tests of hand and finger dexterity such as the Purdue Peg Board is relatively low in the neighborhood of .50. Correlation with the WAIS is approximateiy .30.

A marked degree of difference appears to exist in the ability of some retardates to begin a task and to sustain effort over a long period of time without excessive attention or encouragement. Studies thus far seem to show that these subjects are, in general, better prospects for eventual competitive employment.

TABLE VII

Factor H

WELLS CONCRETE DIRECTIONS TEST

Testing Directions

SUBJECTS:

Male or female above 15 years of age. Only one controllable arm and hand necessary.

MATERIALS:

The materials which can be kept conveniently in a box such as a cigar box, are:

1. Paintbrush	5. Hammer	9. Hook
2. Screw driver	6. Ruler	10. Wire
3. Pliers	7. Hinge	11. Key
4. Battery	8. Lock	12. Wrench

No other materials are necessary for the test administration.

TESTING CONDITIONS:

The test is administered on a one-to-one basis with the examiner sitting across a desk or table from the examinee. A large desk blotter pad may serve as a suitable area. Normal testing conditions, absence of distracting factors or interruptions, should prevail.

PROCEDURE:

While sitting across from the examinee, the examiner takes each tool from the box, identifies it by name, and places it within the work area. The function of the wrench, paintbrush, key and ruler are explained. The tools should be placed from the examiner's left to right in the order represented by the materials listed above.

The examiner should adhere to the following phraseology as closely as possible. A slight accent should be given for each key word of a tool or of a direction and the voice should be lowered at the end of the sentence.

The examiner says, "This is a test of following directions. I am going to ask you to do certain things with these tools. I can only tell you what to do once so you must listen carefully. Now there are four directions you must remember: the right side, the left side, the near end, and the far end." (Examiner must demonstrate and be very sure that the subject understands the four positions. Occasionally a subject will have to be taught or reviewed on these four concepts. Only when the examiner is sure that the subject, at least at the onset of the test, understands right from left should he proceed with the test. A notation of any difficulty should be made on the protocol.)

The examiner then says, "You may study the tools as I tell you what to do with them, but do not move your hands or touch any of them until I finish the direction." The following directions are then given:

Direction	Score
1. Place the lock to the right of the paintbrush.	(3)
2. Place the hinge to the far end of the ruler.	(3)
3. Place the pliers to the left of the hammer.	(3)
4. Place the wire to the near end of the screwdriver.	(3)
5. Place the lock to the left of the ruler and the hook to the right of the screwdriver.	(6)
6. Place the battery to the right of the hammer and the hinge to the far end of the paintbrush.	(6)
7. Place the key to the left of the screwdriver and the lock to the near end of the ruler.	(6)
8. Place the hook to the near end of the paintbrush and the battery to the far end of the hammer.	(6)

9. Place the tool used to turn a nut to the left of the tool used to paint. (5)

10. Place the tool used to open the lock to the left of the tool used for measuring. (5)

The examiner then says, "Now close your eyes while I rearrange the tools." The examiner then arranges the tools into the original order represented by the list given above and proceeds with the remaining or final two directions:

Direction	Score
11. If the paintbrush is to the right of the ruler, then put the wrench at the far end of the screwdriver. If it is not, then place the wire to the right of the hammer.	(7)
12. If the hammer is to the left of the screwdriver, then put the lock to the right of the paintbrush and the pliers at the near end of the screwdriver. If not, then place the key to the near end of the hammer.	(10)

SCORING:

Scoring is as follows:

Items	Score Allowed
1 - 4	3 points for each instruction correct; e.g., score 3 or 0.
5 - 8	3 points for each instruction correct; no partial credits; e.g., score 6, 3, or 0.
9 - 10	5 points for each instruction correct; no partial credits.
11	7 points if instruction correct; no partial credits.
12	7 points for one instruction correct; ten points for both; no partial credits.

Maximum possible score: 63

The scoring range as developed for the Vocational Capacity Scale is as follows:

0 - 14	15 - 28	29 - 39	40 - Up
1	2	3	4
QUARTILES			

TABLE VIII

COMPREHENSIVE CARE CENTER
OCCUPATIONAL TRAINING SECTION

PERFORMANCE AND ADJUSTMENT SCALE

NAME _____

EVALUATION: WORKSHOP _____ COMMUNITY EMPLOYMENT _____
(Please check area of evaluation)

PERIOD COVERED _____

CHECK ONE RATING FOR EACH ITEM

I PERSONAL

1. Grooming: Shoes tied; clothing neatly arranged; hair groomed; clean person and clothing; appropriate clothing; appropriate make-up (girls); clean shaven (boys).

Very Poor	Poor	Fair	Good
1._____	2._____	3._____	4._____
below average on most criteria	below average on 1 or more criteria	Average	Above average on 1 or more criteria

Very Good
5._____
Above average on most criteria

2. Personal Habits and Manners: Proper use of handkerchief, does not interrupt others when they are talking; does not use loud and/or profane language; says "thank you," "pardon me," "please," etc.

Very Poor	Poor	Fair	Good
1._____	2._____	3._____	4._____
Below average on most criteria	Below average on 1 or more criteria	Average	Above average on 1 or more criteria

Very Good
5._____
Above average on most criteria

3. Cooperation: Shows interest in task assigned; performs task with enthusiasm; accepts directions and criticism; makes very few or no undesirable comments; demonstrates a sense of loyalty.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Below average on most criteria	Below average on 1 or more criteria	Average	Above average on 1 or more criteria	Above average on most criteria

4. Punctuality: Arrives to work on time; leaves on time without rushing out early; quits and returns promptly on breaks; on time for appointments.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Below average on most criteria	Below average on 1 or more criteria	Average	Above average on 1 or more criteria	Above average on most criteria

5. Attendance:

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
5 sick days 2 no excuse	3-4 sick days 1 no excuse	2 sick days; 1 no excuse	1 sick day	1 excuse (doctor, etc.) no absences

6. Industriousness: Stays with an assigned task, works with a minimum of conversation and wasted time; works spontaneously with enthusiasm and initiative.

Very Poor	Poor	Fair	Good
1._____	2._____	3._____	4._____
Wastes a great deal of time wandering about, usually engages in conversation	Wastes time frequently wanders about, engages in conversation.	Performs tasks with some enthusiasm	Co-op, shows willingness and zeal for job.

Very Good
5._____
Assumes responsibility for completion of tasks. Demonstrative and interested.

7. Initiative: Will he or she go ahead on his own? Do what obviously needs doing? Makes worthwhile suggestions for improving procedures?

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3.____	4.____	5._____
Below average on most criteria	Below average on 1 or more criteria	Average	Above average on 1 or more criteria	Above average on most criteria

II. INTERPERSONAL

1. Worker-Relationships: The ability to get along, fraternize, integrate, and converse with fellow-workers.

Very Poor	Poor	Fair	Good
1._____	2._____	3._____	4.____
Has social problem with most, while not having close relationship with any.	Mixes well with own select few has open conflict with some, or keeps entirely to self.	Mixes well with own select few does not bother others.	Mixes well with all but few.

Very Good
5._____
Mixes well with whole group.

2. Supervisor-Relationships: The ability to fraternize, converse, integrate, with the supervisors on a respectful plane.

Very Poor	Poor	Fair	Good
1._____	2._____	3._____	4._____
Reject supervisors completely; surly and unreasonable.	Shows frequent hostility in relationships.	Attitude variable, but largely positive.	Attempts to be pleasant and cooperative but areas of improvement obvious.

Very Good
5._____
Obeys directions pleasantly and to best of obvious ability

3. Flexibility: Lack of excitability at changing of jobs, ability to accept changes in situation without becoming upset; being able to take directions, reprimands, suggestions without losing temper; or showing emotional outburst or decrease in work production.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Generally in excited, tense mood.	Very easily excited	Generally shows calm attitude in most situations.	Calm in most situations.	Calm in all situations.

4. Attention: Responds completely to the one giving directions; centers all his faculties on the teacher, instructor, or job; not very restless; can't be distracted easily.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Attention span so short as to be negligible.	Difficult to get student's or worker's attention.	Worker will pay attention if importance is stressed.	Usually pays close attention; some improvement possible.	Always pays close attention to work and directions.

III. WORK SKILLS

1. Quality of Work: neat, tidy, attractive; done in an acceptable manner; does not have to be done over.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Work has to be done over often	Will do a good job sometimes	Work seldom needs to be repeated	Does a good job most of the time.	Always or almost always does a good job.

2. Quantity of Work: Completes maximum amount of assigned work within a given period.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Leaves most of work unfinished.	Will complete part of task	Task is sometimes completed	Completes task most of the time	Work finished in specified time

3. Dependability: realizes what work has to be done and selects best method; follows directions given; sticks to task, trustworthy; reliable.

Very Poor	Poor	Fair	Good	Very Good
1._____	2._____	3._____	4._____	5._____
Very unreliable	Generally unreliable	Reliable in some areas only	Generally reliable	Completely reliable in all areas.

IV. COMMENTS

_____

_____

_____

_____

_____

_____
Signature of Supervisor